PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

o: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must | | | |
|---|--|--|--|---|--|--|--|
| Gregory P. LaF BACHMAN & I | 7590 03/04/ Pointe LaPOINTE, P.C. | 2009 | have | have its own certificate of mailing or transmission. Certificate of Mailing or Transmission Levely certify that this Feety Transmittal is being deposited with the United States Posterily certify that this Feety Transmittal in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faesimile transmitted to the USPTO (5/1) 273-2885, on the date indicated below | | | |
| Suite 1201 900 Chapel Stree | | | trans | mitted to the USPTO | (571) 273-2885, on the d | (Depositor's name) | |
| New Haven, CT 06510-2802 | | | <u> </u> | | | (Signature) | |
| | | | | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | A | TTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/000,427 | 11/30/2001 | | Masahiro Okada | 01-730 9209 | | 9209 | |
| TITLE OF INVENTION AND RECORDING ME | I: GAME APPARATUS DIUM | MANAGING SYSTEN | I, GAME APPARATUS, | CONTROLLING ME | ETHOD, COMPUTER PR | ROGRAM | |
| APPLN TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE F | EE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 06/04/2009 | |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | | |
| MOORTHY, ARAVIND K 2431 | | | 380-251000 | | | | |
| I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI | less an assignee is iden th in 37 CFR 3.11. Com | A TO BE PRINTED ON tified below, no assignce pletion of this form is NO | THE PATENT (print or ty) data will appear on the p of a substitute for filing an (B) RESIDENCE: (CITY | atent. If an assignee assignment. | is identified below, the o | document has been filed for | |
| KONAMI CORPORATION TOKYO, JAPAN | | | | | | | |
| Please eheck the appropriate assignce category or eategories (will not be printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity 🚨 Government | | | | | | | |
| 4a. The following fee(s) are submitted: 2d Issue Fee 2d Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies | | | b, Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit eard. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge fly required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (2 — 1184 — (enclose an extra copy of this form) | | | | |
| MOTE: The Janua Fee of | ns SMALL ENTITY state | us. See 37 CFR 1.27. | ed from anyone other than | | ENTITY status. See 37 (ered attorney or agent; or | CFR 1.27(g)(2). the assignee or other party in | |
| interest as shown by the | records of the United St | ates Patent and Trademar Kelmachter #29 | k Office. | | May 27, 2009 | | |
| Authorized Signature | | | 77771 | | | | |
| Typed or printed nam | | Kelmachter | | Registration No | 29,999 | J. L. at. HCDTO to a | |
| This collection of informan application. Confide submitting the complete this form and/or sugges Box 1450, Alexandria, Alexandria, Virginia 22 | nation is required by 37 nitality is governed by 3 cd application form to the tions for reducing this by Virginia 22313-1450. D 313-1450. | CFR 1.311. The informat 5 U.S.C. 122 and 37 CFF ice USPTO. Time will var urden, should be sent to t O NOT SEND FEES OR | | | public which is to file (a inutes to complete, include ments on the amount of rademark Office, U.S. De SEND TO: Commissione | nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450, | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.